

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

FEB 17 1937

2024

1. PLACE OF DEATH

County Lawrence
Township Wernon
City Wernon (No. 1)

Registration District No. 470
Primary Registration District No. 5633

File No. 4
Registered No. 4
St. Ward

2. FULL NAME

(a) Residence, No. Eugene Herndon
(Usual place of abode) R.R. # 10 St. Springfield Mo

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Eugene Herndon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 - 1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
46 5 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark Mo

FATHER 13. NAME Archie Herndon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene County

MOTHER 15. MAIDEN NAME Clara Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene County

17. INFORMANT deceased

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Mo DATE Jan 8 1937

19. UNDERTAKER (ADDRESS) W. H. Stacker

20. FILED Jan 9 1936 PA Hubner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 - 1936

22. I HEREBY CERTIFY That I attended deceased from Nov 28 - 1935 to Jan 8 1936

I last saw him alive on Jan 7 1936 Death is said to have occurred on the date stated above, at 7:22 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis 1929
Other contributory causes of importance:
None

Name of operation None Date of None
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None

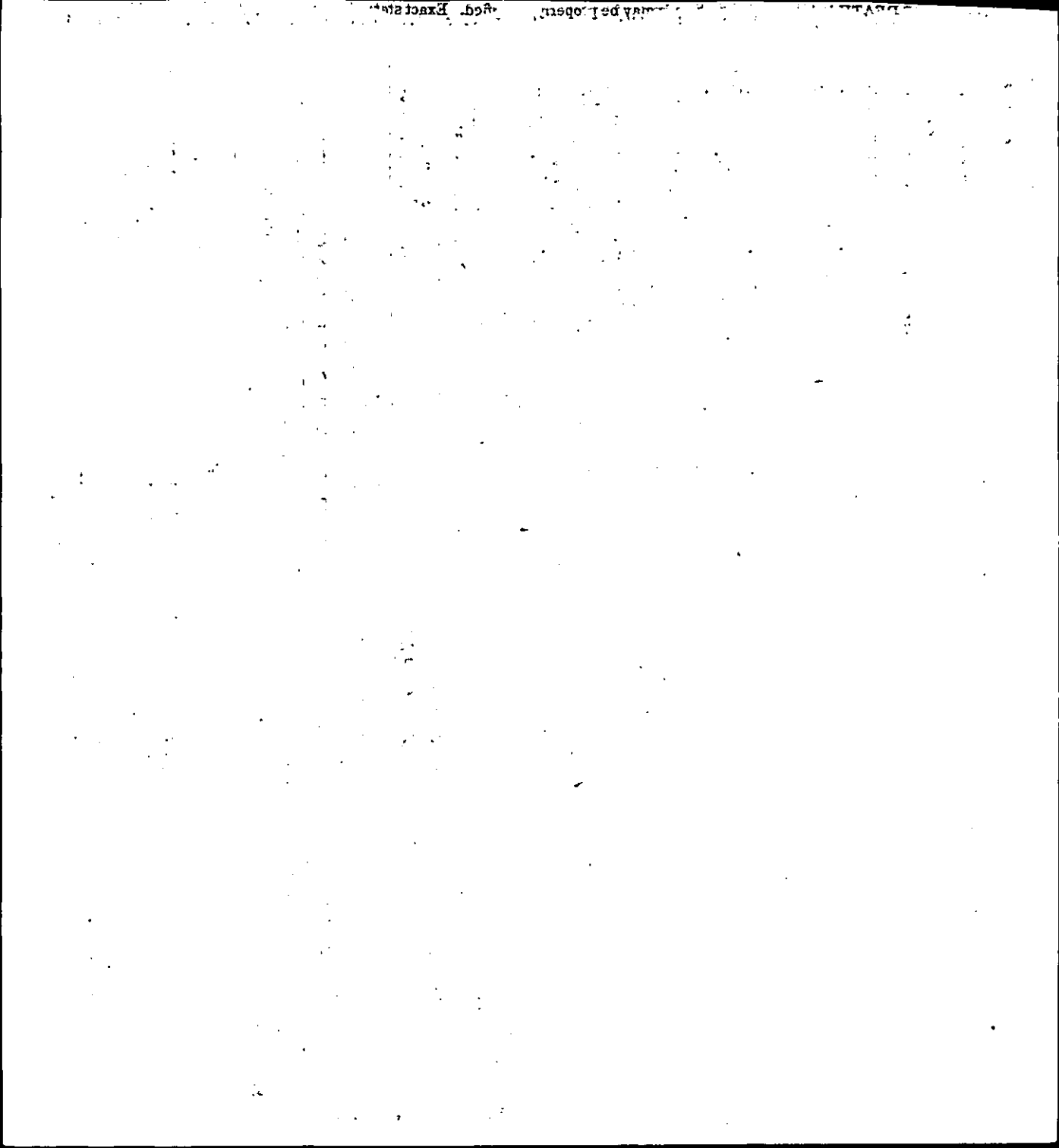
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None

(Signed) W. H. Stacker M. D.
(Address) Wernon Mo



MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Lawrence

Registration District No. 470

File No.

Township MT. Vernon

Primary Registration District No. 5633

Registered No. 4

City (No.) St. Ward)

2. FULL NAME Engene Herndon

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

46

5

21

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED

Jan 9 1937

P. A. Holmes

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1936 to Jan 8 1937

I last saw deceased alive on Jan 7 1937. Death is said to have occurred on the date stated above, at mt. Vernon Mo.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. A. Stacker, M. D.

(Address) mt. Vernon Mo.

5-2074